

# Richland County School District One

## OFSP EXPENDITURE REQUEST FY24

**TO:** FINANCIAL SERVICES  
Accounts Payable

**DATE:** \_\_\_\_\_

**1: PLEASE PAY TO:**

**NAME:** \_\_\_\_\_ **VENDOR #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**2. The amount and expenditure information is as follows:**

ORG	OBJECT	PROJECT	AMOUNT
56018958	332250	42010	\$

**3. FOR:** in district travel for the month of \_\_\_\_\_

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_